

Implementation of resolution WHA75.11 (2022)

Report by the Director-General

1. In May 2022, the Seventy-fifth World Health Assembly adopted resolution WHA75.11, in which a number of requests were made to the Secretariat. A report setting out the Secretariat's response was submitted to the Seventy-sixth World Health Assembly in May 2023.¹ Following consideration of that report, the Seventy-sixth Health Assembly adopted decision WHA76(8) (2023) requesting the WHO Director-General to report to the Seventy-seventh World Health Assembly in 2024, through the Executive Board at its 154th session, on the implementation of resolution WHA75.11 (2022). The present report sets out the Secretariat's response to that decision.

UPDATE ON PROGRESS IN IMPLEMENTATION²

Impacts on health

2. As at 8 October 2023, a total of 27 768 civilian casualties have been reported, comprising 9806 deaths and 17 962 injuries,³ although the actual toll is anticipated to be much higher. The number of internally displaced persons is estimated at 3.67 million⁴ and a further 6.29 million refugees have been recorded globally.⁵ As defined by the United Nations, 17.6 million people need humanitarian assistance.⁶

3. Despite earlier restrictions, access to primary data on morbidity and mortality has significantly improved except for areas under the temporary military control of the Russian Federation. In November 2022, WHO launched the Health Resources and Services Availability Monitoring System in partnership with the Ministry of Health of Ukraine, prioritizing health facilities in Ukraine's frontline oblasts. By September 2023, the Health Resources and Services Availability Monitoring System had

¹ Document A76/12; see also the summary records of the Seventy-sixth World Health Assembly, third meeting (section 2), fourth meeting, fifth meeting and sixth meeting of Committee A.

² Data as of October 2023 except where otherwise noted.

³ Ukraine: civilian casualty update 8 October 2023. Geneva: United Nations Office of the High Commissioner for Human Rights; 2022 (<https://ukraine.un.org/en/248799-ukraine-civilian-casualties-8-october-2023>, accessed 20 November 2023).

⁴ International Organization for Migration displacement tracking matrix (<https://dtm.iom.int/ukraine>, as of September 2023, accessed 20 November 2023).

⁵ Operational Data Portal – Ukraine Refugee Situation. Geneva: United Nations High Commissioner for Refugees; 2023 (<https://data.unhcr.org/en/situations/ukraine>, as at 14 November 2023, accessed 20 November 2023).

⁶ See https://reliefweb.int/report/ukraine/ukraine-humanitarian-response-plan-february-2023-enuk?_gl=1*10hpkax*_ga*MTcwNjM1NTIxNy4xNzAwNTU2Mjk5*_ga_E60ZNX2F68*MTcwMDU1NjI5OS4xLjEuMTcwMDU1NjMxNS40NC4wLjA (accessed 20 November 2023).

catalogued data from over 2000 health facilities registered as distinct legal entities and 82% of around 9500 health service delivery units affiliated with these legal entities. This encompassed comprehensive datasets from war-impacted oblasts such as Donetsk and Kharkivska. Damage assessments revealed that 102 health service delivery units were entirely non-operational, mainly in Donetsk (39) and Kharkivska (38). Additionally, 735 health facilities/health service delivery units experienced partial damage, predominantly in the most war-affected oblasts, namely Chernihivska (104), Kharkivska (137) and Donetsk (101), and largely attributed to the ongoing war. Among the 640 health facilities presenting equipment damage, 620 were located within areas of active military hostilities. Operational hindrances were identified in 400 health facilities/health service delivery units owing to factors including security deficits (145 instances), staff inadequacies (193 instances) and infrastructural damage (156 instances). Access issues plagued 280 facilities owing to security constraints (135 instances). As a result of continued shortages in essential utilities like water, power and heating, 4632 health facilities/health service delivery units decided to install generators and 1987 built tube wells as compensatory measures. Service domain analysis highlighted that regions such as Odeska and Mykolaivska were underserved in areas including sexual/reproductive health, maternal/newborn care and mental health, primarily owing to constraints in staffing, equipment and finances. In contrast, oblasts such as Zhytomyrska and Vinnytska displayed similar service limitations but more as a result of staffing challenges, particularly in services like child health and communicable diseases.¹

4. A rolling risk assessment for radio-nuclear emergencies was initiated at the beginning of the war and is regularly updated. As of September 2023, the overall risk is assessed as moderate at the national level, stemming mostly from accidental events due to collateral damage to nuclear power plants located in the proximity of active military combat. As of October 2023, the event-based surveillance system has tracked more than 48 open-sourced media signals on the release of industrial chemicals as a result of the war in the Odesa, Kherson, Donetsk, Kharkiv, Luhansk, Sumy and Zaporizhzhia administrative regions, reportedly with no public health consequences.

5. Since February 2022, the associated risks and vulnerabilities arising from various forms of gender-based violence including conflict-related sexual violence, sexual exploitation and abuse, trafficking and domestic violence have sharply increased. Some 8% of households in Ukraine report concerns about sexual violence, physical abuse, verbal harassment, and/or economic violence against women, two thirds of which remain unaware of where to seek assistance. An additional 27% of households in the most war-affected Eastern regions report a lack of gender-based violence services. From February 2022 to January 2023, the Office of the United Nations High Commissioner for Human Rights confirmed 133 cases of conflict-related sexual violence, 109 of which occurred in locations under the temporary military control of the Russian Federation and 24 in other areas of Ukraine. Survivors included 90 men, 45 women and three girls, the largest proportion of which being male prisoners of war. High levels of interaction between civilian populations and armed groups continue to pose large risks for conflict-related sexual violence.² According to the Health Resources and Services Availability Monitoring System data collected from public health facilities, clinical management of rape and intimate partner violence services are available in less than one third of public health care facilities in the

¹ Health Resources and Services Availability Monitoring System. Ukraine Baseline Report 2023: Operational status of the health system, November 2022–May 2023 (<https://www.who.int/publications/m/item/herams-ukraine-baseline-report-2023-operational-status-of-the-health-system-nov-2022-may-2023-en>, accessed 20 November 2023).

² See <https://reliefweb.int/report/ukraine/ukraine-protection-analysis-update-unabated-violations-against-civilians-increase-impact-protection-risks-population-june-2023-enuk?> (accessed 20 November 2023).

southeast and eastern areas of the country with a relatively higher access rate in the specialized health facilities.¹

6. On 6 June 2023, the Kakhovka dam was damaged, releasing 18 cubic kilometres of water over three to four days and affecting 80 settlements in Kherson and Mykolaiv – directly impacting about 100 000 residents. Consequences included disrupted drinking water for 1 million people, electricity outages for a further 140 000 people and environmental damage in protected and forested areas. The disaster led to a reported 31 deaths, 28 injuries and 41 missing persons. The damage further exacerbated health care challenges in the region, with recovery needs estimated at US\$ 30.9 million for the initial year and an additional US\$ 69.1 million for longer-term measures.² Immediate health care priorities included enhanced communicable disease surveillance, workforce reinforcement and improved water quality in medical settings. A rapid assessment showed that of those people encountering challenges in accessing health care services, 50% attributed it to the flood. Furthermore, 14% experienced difficulties in securing essential medications, with a quarter citing the flood as the cause.³

7. A total of 329 cases of hepatitis A were reported in Vinnytsia from 16 October to 15 November 2023, which underscores the broader public health risks exacerbated by the ongoing war in Ukraine. While this current outbreak is concentrated in the Vinnytsia oblast, there is concern that similar outbreaks could affect frontline areas, potentially resulting in higher mortality and morbidity rates considering the poor access to safe water and food. These regions are more susceptible to such outbreaks owing to the weakened health infrastructure, suboptimal sanitation and limited access to safe water, which combined create an environment conducive to the spread of infectious diseases like hepatitis A. Risk communication measures were launched during the initial outbreak response phase and the relevant supplies and equipment distributed, including hepatitis A vaccines for disease prevention, laboratory kits for early hepatitis A diagnostics and medical supplies for case management and controlling the spread of the outbreak. Such support remains crucial, especially in high-risk and frontline regions. The situation in Vinnytsia highlights the urgent need for a widespread and robust public health response across Ukraine. Strengthening health systems and sanitation infrastructure, particularly in areas severely impacted by the war, is vital to prevent outbreaks and safeguard the health of the population. In line with the risk communication and community engagement strategy, communication materials and channels were developed and tailored to the identified risk groups. WHO also supported surveillance by creating a dedicated Epidemic Intelligence from Open Sources board designed to capture local public health threat signals and allow for manual searches of local media sources so as to strengthen surveillance and minimize any undetected circulation of hepatitis A among local residents.

8. The consequences of the war in Ukraine are far-reaching, exacerbating food insecurity globally. As at 18 July 2023, the total tonnage of grain and other foodstuffs shipped via the Initiative on the Safe Transportation of Grain and Foodstuffs from Ukrainian Ports (the Black Sea Initiative) was 32 856 036.⁴ The Black Sea Initiative expired on 17 July 2023 and has not been renewed. Food prices had dropped by 23% in 2023 compared with the previous year; however, following the termination of the Black Sea

¹ Health Resources and Services Availability Monitoring System. Ukraine Baseline Report 2023: Operational status of the health system, November 2022–May 2023 (<https://www.who.int/publications/m/item/herams-ukraine-baseline-report-2023-operational-status-of-the-health-system-nov-2022-may-2023-en>, accessed 20 November 2023).

² See <https://ukraine.un.org/en/248860-post-disaster-needs-assessment-report-kakhovka-dam-disaster> (accessed 20 November 2023).

³ WHO rapid needs assessment following the Kakhovka dam incident; July 2023 (internal report).

⁴ See <https://www.un.org/en/black-sea-grain-initiative/vessel-movements> (accessed 20 November 2023).

Initiative, food prices have increased and are likely to have a dire impact on food insecurity globally at a time when 345 million people in 79 countries are already facing or are at risk of acute food insecurity.¹

WHO support to the humanitarian and emergency health response

9. In 2023, the WHO-coordinated Refugee Health Extension became a virtual hub. The main WHO mechanism to support the refugee-receiving countries in the Regional Office for Europe continued the coordination function and collaboration remotely via regular calls.

10. In Ukraine, WHO continued to coordinate the health cluster. From 1 January to 30 September 2023, 105 health cluster partners supported 1200 health facilities, reaching 7.06 million people in 3266 settlements across 25 oblasts, as recorded in the health cluster online dashboard.² Subnational coordination in Dnipro, Kyiv, Kharkiv, Odesa and Vinnytsia-Lviv enabled effective coordination of health partners in their efforts to strengthen the access of vulnerable populations to health care services at existing medical facilities and mobile medical units. Preparedness and response strategies continue to be implemented in collaboration with local health departments and disaster management centres, which serves to streamline decision-making and ensure timely responses. The health cluster offers public health information services and products, including situation analyses, bulletins, rapid assessments and partners presence mappings, and supports partners with the distribution of supplies via the Health Requests Planning and Response platform, which processed 452 requests in 2022 and 585 requests in 2023.

Prevention of and response to sexual exploitation, abuse and harassment

11. As of August 2023, over 800 candidates deployed for the Ukraine emergency response had been cleared through the United Nations Clear Check database. Dedicated technical officers held induction and orientation sessions on the prevention of and response to sexual exploitation, abuse and harassment for WHO personnel, emergency medical teams and health cluster partners at the operational level in Ukraine and in refugee-receiving countries. To date, 1158 people in Ukraine have participated in virtual and/or face-to-face training and awareness-raising sessions on the prevention of and response to sexual exploitation, abuse and harassment. In refugee-receiving countries, 578 health partners have received training on the subject and other related matters such as handling reports of sexual exploitation, abuse and harassment. WHO continues to participate at inter-agency network meetings and related working groups on the prevention of sexual exploitation, abuse and harassment.

Support to the health sector

12. WHO has reached an estimated 7.2 million people in Ukraine with different health interventions, including direct delivery of medical supplies and equipment and technical support through training sessions, technical guidelines and coordination of health partners. WHO works directly with the Ministry of Health of Ukraine and partners to deliver services through the existing health system, supporting areas with overburdened and disrupted services and strengthening community outreach in the most affected areas.

13. WHO has supported the Ministry of Health of Ukraine to build the capacity of health care workers on a range of topics including the management of mental health, trauma and rehabilitation, mass

¹ See <https://www.wfp.org/emergencies/global-food-crisis> (accessed 20 November 2023).

² See <https://response.reliefweb.int/ukraine/health> (accessed 20 November 2023).

casualties, chemical exposure, infectious diseases, and outbreak detection and control. WHO has put great effort into reinforcing emergency medical services and disaster medicine in Ukraine in the face of increased challenges and demands caused by the war. In 2022, WHO coordinated 21 international emergency medical teams in Ukraine from nine organizations. By 2023, only 10 of those teams remained active. Their significant contributions included over 4556 consultations in the Kharkiv oblast within three months and response assistance following the destruction of the Kakhovka dam in Kherson oblast. WHO continues to coordinate with these international emergency medical teams, focusing on enhancing trauma care and training. WHO and local partners established and deployed noncommunicable disease and mobile health units in Ukraine that provided more than 12 000 noncommunicable disease consultations.

14. WHO developed a national referral centre for rehabilitation of spinal cord injuries and is currently expanding this capacity with additional referral centres for such injuries in the cities of Dnipro and Kyiv. Training was provided to four hospitals providing acute spinal cord injury care to avoid complications during the acute rehabilitation period. A pioneering urodynamic laboratory opened in Ukraine at the premises of the Rivne spinal cord injury reference centre. WHO has assisted six hospitals in six regions of Ukraine, training more than 100 health staff and supplied a total of 180 beds, along with additional equipment, to non-specialized rehabilitation departments. During the period from October 2022 to May 2023, WHO provided vital support to over 2400 individuals, supplying more than 4200 assistive products.

15. WHO also supports the Government of Ukraine in the implementation of the national immunization programme. From March to July 2023, WHO and partners supported an outreach vaccination campaign for internally displaced populations. Overall, 18 000 doses of vaccines were administered during this period, primarily for coronavirus disease (COVID-19) but also for diphtheria, measles and polio. Public immunization awareness-raising campaigns reached on average more than 60 000 people residing in shelters monthly. Since March 2023, WHO has expanded its support in the Rivenska region to include outreach vaccination in rural areas, with the aim of accelerating delivery of COVID-19 vaccines and diphtheria-tetanus boosters to older people. As part of this initiative, over 4500 vaccine doses had been administered by the end of July 2023. Based on the results and lessons learned from this effort in Rivenska, WHO has outlined plans to extend such support to other regions.

16. WHO is strengthening the management of potential chemical, biological, radiological and nuclear events with the Ministry of Health of Ukraine. Such efforts involve capacity-building and are closely tied to the work of Ukraine's emergency medical services and the Ukrainian Centre for Disaster Medicine in the areas of mass casualty management, pre-hospital clinical management and evacuation of contaminated civilians. WHO has conducted 40 basic training sessions on chemical preparedness and response, reaching more than 2000 clinicians, and 16 training sessions on radiation preparedness of hospitals, reaching more than 400 clinicians. WHO has provided the Ministry of Health with equipment for responding to technological and industrial hazards as preparedness stock. Risk communication and community engagement materials on nuclear and chemical event preparedness have also been disseminated.

17. WHO has worked on enhancing access to clinical management of rape and intimate partner violence services for gender-based violence survivors at the primary health care level and on strengthening cooperation with other United Nations agencies and stakeholders in gender-based violence prevention and response. Since 25 February 2022, WHO, in collaboration with the Ministry of Health of Ukraine, the Ukrainian Public Health Centre, regional authorities and other partners, has trained over 312 health care professionals on service delivery to gender-based violence survivors in line with WHO standards and national legislation. WHO, the Ukrainian Public Health Centre, local

authorities and United Nations Population Fund (UNFPA) have focused on guaranteeing access to post-exposure prophylaxis for rape survivors.

18. Over 5.2 million refugees from Ukraine have applied for asylum, temporary protection or similar national protection schemes.¹ Reported cases of barriers to access health care have surfaced in many countries. WHO utilized a health systems approach to the refugee response, supporting health systems ability to cater to refugees' needs while maintaining the level and quality of services required for host communities. WHO and partners also support local organizations and individuals to improve access or provide referrals to free or subsidized services. WHO developed a guide to assist refugees in accessing and utilizing health services in Poland and Slovakia. From January to July 2023, WHO supported 135 931 people in accessing health care services and 16 667 people were trained in providing health services to refugees and host populations. A total of 5713 consultations were provided with mental health and psychosocial support in Bulgaria, Czechia, Poland and Romania.

19. As of October 2023, over 2900 medical evacuations have been coordinated by the Ministry of Health of Ukraine with WHO support. Over 2608 of these have been supported through the European Union medical evacuation system and others through several bilateral mechanisms. Primary indications for medical evacuation are conflict-related trauma injuries and specialized cancer treatments. WHO is strengthening its technical support to the Ministry of Health's medical evacuation coordination unit through a dedicated, European Union-funded project and in close collaboration with European Union institutions. This includes the safe return of those patients who have finalized acute treatment phases in receiving countries and wish to return to Ukraine voluntarily to proceed with their follow-up treatment.

20. WHO has conducted behavioural and cultural insights studies in Czechia, Poland, Romania, Slovakia and Slovenia, highlighting key barriers to health care access. Findings show that refugees who are younger, relatively healthy, speak some English and have some means of financial support are adjusting to their new circumstances and perceive access to health services and related information to be sufficient and of high quality. Refugees in more vulnerable circumstances, such as older people, those with a disability or chronic disease, pregnant women, new mothers and those not using social media, face significantly more challenges and need more support and tailored communication. Difficulties include finding a doctor with whom they can communicate, making appointments, travelling to and from health facilities, childcare during doctor's visits, long wait times and acquiring a disability certificate. The results of these surveys have contributed to WHO's hiring of health mediators, provision of direct support to general practice physicians and development of telephone hotlines to help to facilitate refugees' access to health services in refugee-hosting countries.

Procurement of essential medicines and supplies

21. Since 24 February 2023 WHO has procured medicines, medical equipment, and supplies valued at over US\$ 121 million, with supplies worth over US\$ 70 million delivered to health facilities, while US\$ 51 million are either in stock or in the delivery pipeline. The distributed items encompass trauma supplies valued at more than US\$ 4.6 million, which can facilitate up to 31 350 surgeries, and medicines worth US\$ 3.25 million, benefiting up to 1.15 million individuals. WHO has also donated 94 ambulances, with a combined value of over US\$ 4.10 million and 244 generators worth US\$ 4 million. WHO logistics team extends substantial support to health cluster partners, in both supply provision and technical assistance. WHO participates in weekly inter-agency convoys and leads its own missions to reach the most affected areas located within 5–20 kilometers of the contact line. These convoys provide medical supplies to health facilities to support the continuation of service delivery in

¹ See <https://data.unhcr.org/en/situations/ukraine> (as at 14 November 2023, accessed 20 November 2023).

the Kharkivska, Donetsk, Khersonska, Zaporizka, Dnipropetrovska and Sumska oblasts. More than 200 000 people living along the front line could be treated with the supplies delivered to provide life-saving health services in these high-risk areas. By the end of October 2023, 81 inter-agency convoys with health support have been completed. From February 2022 to August 2023, WHO delivered supplies and equipment to refugee-hosting countries, including Czechia, Hungary, Poland, the Republic of Moldova and Romania, with a total value of over US\$ 14 million.

Monitoring attacks on health care

22. As at 31 October 2023, a total of 1365 attacks on health care had been verified through the WHO surveillance system for attacks on health care, directly resulting in 191 reported injuries and 111 deaths. Some 1222 incidents affected health facilities while 333 impacted health supplies.¹

Addressing mental health and psychosocial needs

23. As of October 2023, 22 partners have joined the Mental Health Gap Action Programme in Ukraine and provided training to more than 4998 primary health care workers. More than 14 000 primary health care workers also completed the online self-paced course on the management of mental health conditions in primary health care settings. Between June 2022 and October 2023, WHO trained 491 trainers from the frontline sectors and services throughout Ukraine based on the Self-Help Plus course.

Resource allocation

24. Staffing across the response has been scaled up including through standby partners and the Global Outbreak Alert and Response Network. A total of 195 deployments have been made for the Ukraine response.

25. An appeal estimated at US\$ 240 million has been launched for the period of January to December 2023, broken down as follows: US\$ 160 million for the health response in Ukraine and US\$ 80 million for addressing the health care needs of Ukrainian refugees in refugee-receiving countries. As of the end of September 2023, US\$ 116.5 million (49%) of the total funding requirement had been received. WHO will continue to work with its partners to secure financial resources for future medium and longer-term needs, including for recovery and rebuilding.

ACTION BY THE EXECUTIVE BOARD

26. The Board is invited to note the report and provide guidance in relation to the following questions:

- How can the Secretariat best strengthen the Organization's response and promote the transition to sustainable development in Ukraine and countries hosting refugees?
- How can lessons be learned from this experience to enhance knowledge and evidence for best practice?

= = =

¹ Surveillance system for attacks on health care [webpage]. Geneva: World Health Organization; 2022 (<https://extranet.who.int/ssai/Index.aspx>, accessed 20 November 2023).